



Arizona Criminal Justice Commission (ACJC)

Crime Victim Assistance Grant Program

Application Instructions

Fiscal Year 2016 (July 1, 2015 – June 30, 2016)

Applying Using the ACJC Grant Management System (GMS)

This year's application must be submitted using the ACJC Grant Management System (GMS). The purpose of this instruction document is to provide guidance on application content. Detailed instructions on how to access the GMS are available at www.azcjc.gov in the VICTIM SERVICES/Victim Assistance Program section of the web site. A computer based video training series on the GMS for Victim Assistance applicants is also available on the ACJC website under VICTIM SERVICES/Computer Based Training.

Completing the Application

1. General Information

Please include as much information as possible. Fields in the GMS with a red flag next to them are required.

Form Field:	Instructions:
ACJC Grant Program:	The GMS will auto fill this field. (Crime Victim Assistance Grant Program)
Period Title:	The GMS will auto fill this field. (FY2016)
Project Title:	Name of the project or program, not the applicant agency or department.
Purpose Area:	Identify the Purpose Area of the application: General Victim Assistance or Human Trafficking.
Has the program been providing services to victims for more than three years?	The budget section of the application will automatically calculate the required match amount based on the applicant's response to this question. Programs that began providing services to victims after June 30, 2012 are required to provide a 25% match and may use in-kind match sources. All others must provide a 50% match and are not allowed to use in-kind sources.

Applicant Agency:	This information pulls directly from the user's profile. A different agency or a different department can be selected from the drop down menu. However, new agency or new departments must be added through the "Edit Profile" function. (See GMS instructions for more information.)
Authorized Official:	This must be a person in the applicant agency who is authorized to sign grant agreements.
Project Official:	This is the person who is responsible for overseeing administration of the project or program.

2. Program Information

Form Field:	Instructions:
Estimated number of crimes victims to be served by the program during the upcoming fiscal year:	List the number of crime victims that are expected to be served by the grant funded program during upcoming fiscal year.
Approximate percentage of those crime victims to be served only by phone, mail, or e-mail:	Indicate the percentage of those victims who will be served only by phone, mail or email. (Please do not include the % sign in your response)
Geographic areas served:	Please list all the geographic areas served including tribal areas.
Agency Mission Statement:	Include the organization/agency mission statement. If the program is part of a larger, diverse service organization, use the mission statement that is most closely related to the program applying for funding.
Does the program charge or intend to charge for services? If yes, describe fee schedule:	Please indicate if your program charges or intends to charge for services. If a fee is charged, please describe the fee schedule.
Type of crime victims to be served:	Please check all the victimization types to be served by the program in the upcoming fiscal year. Include a list of "other non-violent crimes" and "other violent crimes" in the rich text boxes provided.

Types of services to be provided:	Please check all the types of services to be provided to crime victims during the upcoming fiscal year. Specify the "other" types of service provided, using the rich text box.
Estimated total number of services to be provided:	For the upcoming fiscal year, list the TOTAL NUMBER OF SERVICES estimated to be provided to crime victims in each service area for the entire program. A victim may receive more than one category of service and therefore the number of services will likely exceed the number of victims.
Crime victim compensation claim assistance	For the most upcoming fiscal year, list the estimated number of victims the program expects to assist with Victim Compensation claims. A victim may receive more than one category of service and therefore the number of services will likely exceed the number of victims.
Briefly describe how the program assists victims with submitting or processing compensation claims.	Briefly describe activities related to assisting with victim compensation claims.
Number of paid program staff providing direct services to crime victims.	List the number of full-time staff and part-time staff providing direct services to victims. Do not include any administrative staff.
For the upcoming fiscal year, list the total hours expected to be worked by volunteers.	For the upcoming fiscal year, list the total number of HOURS expected to be worked by volunteers. Count only those hours that will be worked providing direct services to crime victims.
Briefly describe how agency maintains a community volunteer commitment.	Briefly describe activities related to maintaining community volunteers including, but not limited to: Recruitment of volunteers; Screening of volunteers; Training provided to volunteers; Activities performed by volunteers; Supervision of volunteers; and Recognition activities for volunteers.

3. Project Narrative

Please follow the instructions within the GMS application for this section. Read all questions and answer them completely.

4. Goals and Objectives

Program Goals and Outcomes Tables

The minimum number of outcomes must be selected for all goals (healing, justice, economic stabilization, safety, and quality measures). The percentage provided for each outcome is the percentage of total victims served who would respond positively to the selected outcome. This percentage is based on the anticipated number of victims to be served for FY16.

The *percentages* associated with goals and outcomes do not directly reflect the program's survey response rate. Survey responses represent a statistical sample, reflecting the satisfaction of the entire population of victims served.

Example: Hopi County Victims Advocacy Center (HCVAC) plans on serving 3,700 victims in FY16. Historically the agency's survey response rate has been very low while victim satisfaction with services provided has been very high. In FY16 the program only anticipates receiving a survey response from 220 victims. The responses provided by these 220 victims will represent the satisfaction rate for the entire population of 3,700 victims served by the program.

5. Budget

In order to simplify completing the application budget, please follow the following process steps:

Step 1: Complete Budget Detail for Requested ACJC Funds

First go through the all budget categories and provide budget detail and narrative for the ACJC funds requested. The system will round all total amounts to the nearest dollar automatically.

A. Salary and ERE

In the budget table provide the position title, what portion of the position will be funded (i.e. 1.0 or .5), the total annual salary for the position, and what portion of the ERE dollar amount is being requested. If requesting funding for more than one position please prioritize the positions from top to bottom.

Use the "Personnel" text box above the table to provide a very brief description of each position (detailed job descriptions will be included as an attachment). Please explain why this position is critical to the program. If requesting funding for multiple positions, please explain prioritization.

In the "ERE Breakdown" text box below the Overtime table list all the expenses included in fringe benefits, i.e. health insurance, workers' compensation, FICA, etc. Include a percentage for each category and a total ERE percentage for each position.

B. Overtime

Enter the request for overtime in the table provided.

C. Consultant / Contractual Services

In the text box, for each vendor provide detailed vendor information including name and a description of the services provided to the program.

In the table provide the type of service, number of hours, and hourly rate for each vendor. Examples of Consultant / Contractual Service types are contractual accounting, legal, counseling, and data processing services.

D. In-State Travel

Only mileage for funded positions is eligible. In the text box, provide a detailed description of the purpose of the travel and how it supports the work of the program.

In the table provide a description of the travel type, rate per mile, and number of miles using your organization's established mileage rate.

E. Out of State Travel

Only mileage for funded positions is eligible. In the text box, provide a detailed description of the purpose of the travel and how it supports the work of the program.

In the table provide a description of the travel type, rate per mile, and number of miles using your organization's established mileage rate.

F. Confidential Funds

This budget category does not apply to the Victim Assistance Grant. Please do not include any information for this category.

F. Other Operating Expenses

In the text box provide a detailed description of the expense and the in the table information on the amount requested. "Other Operating Expenses" include pager, cell phones, training fees, etc. Other expenses must be in direct support of the program.

G. Equipment

In the text box provide a description of the item, quantity, purchase price or monthly lease rate for each kind equipment item requested. Note: Pagers and cell phones will be reported under Other Operating Expenses. Complete the table to request equipment funding.

Once the requested amounts and supporting narratives are completed for each requested budget category, the following three numbers will be displayed at the bottom:

"Requested Total": This is the amount of funding you are requesting from ACJC.

"Required Match": This is the match amount required. This figure is based on whether the answer to the question, "Has the program been providing services to victims for more than three years?" was

"Yes" or "No". If you answered "Yes" then this amount should be equal to the "Requested Total". If you answered "No" then this amount should be equal to one third of your requested amount.

"Match Total": This is the total amount of matching funds entered into the application budget. Once the budget detail for matching funds has been completed (see Step 2 below), this amount should equal the "Required Match" amount and the text will turn from red to black.

Step 2: Complete Budget Detail for Matching Funds

Now going back through the budget please indicate the source and amount for the required matching funds. Enter the match amounts directly into the category budget tables as detailed in Step 1, however to indicate that a line item is to be used as a match amount simply check the "match" box next to that line item on the far left of the table.

For those budget categories that contain a match amount please include the following in the justification text box: the expiration date if the match is from other grant funds; if the matching grant is pending, list "pending"; a description of in-kind match sources (available only to programs who answered "No" to the question regarding providing services for more than three years). All match sources **MUST NOT EXPIRE PRIOR TO JUNE 30, 2016.**

In order for the application to be successfully submitted the "Match Total" must be equal to or greater than the required "Match Total". For more information on completing the budget in the Victim Assistance Grant application please refer to the computer based training available on the ACJC website under VICTIM SERVICES/Computer Based Training. The budget is addressed in part 4 of the GMS training series.

Form Field:	Instructions:
If matching funds are required for this grant program, provide a description of what funds will be used as the required match.	Please provide the names of match sources. This should not be a formatted response, just a comma separated list. (DPS-VOCA, AG-VRP, United Way, Donations, County General Fund)

6. Administration

Form Field:	Instructions:
If received, will ACJC funds be used as matching funds for other grant program(s)?	If yes, please list the name(s) of the grant program and funding agency.

Audit Requirements

- (a) List the date of the last financial audit (A-133 or independent audit).
- (b) Check "yes" if the audit resulted in a Schedule of Findings and Questioned Costs.
- (c) If a Schedule of Findings and Questioned Costs were issued, please attach a copy along with the management letter in the attachment section.

Financial Capacity

Please answer all questions concerning your organization's financial capacity.

7. Attachments

Detailed instructions on how to attach and upload documents to the GMS are available at www.azcjc.gov in the VICTIM SERVICES/Victim Assistance Program section of the web site. A computer based video training series on the GMS for Victim Assistance applicants is also available on the ACJC website under VICTIM SERVICES/Computer Based Training. Please upload the following documents:

All Applicants must attach:

Total program budget for grant period (template available at <http://www.azcjc.gov/ACJC.Web/Victim/Victasst.aspx>)

Most Recent Financial Audit (include management letter and schedule of findings if applicable)

Job descriptions for personnel to be funded by ACJC Victim Assistance Grant

Surveys used for program evaluation

In addition to those documents listed above non-profit agencies must include:

1. A letter from a prosecutor's office or law enforcement agency endorsing the application.
2. A Current board list that includes affiliations identifies current officers and provides the Chairman's contact information.

AND ONE OF THE FOLLOWING:

1. A copy of the organization's 501(c)(3) designation letter from the IRS.
2. Submission of a statement from the state taxing authority or state Secretary of State, or other similar official certifying that the organization is a non-profit operating within the state, and that no part of its net earnings may lawfully benefit any private shareholder or individual.
3. Submission of a certified copy of the applicant's certificate of incorporation or similar document.
4. Submission of any item above (1-3), if that item applies to a state or national parent organization, together with a statement by the state or parent organization that the applicant is a local nonprofit affiliate.

8. Special Conditions

Please read all special conditions. Acceptance is required in order to submit the grant application.

9. Submitting the Application

Detailed instructions on how to submit an application to the GMS are available at www.azcjc.gov in the VICTIM SERVICES/Victim Assistance Program section of the web site. And don't forget the computer based video training series on the GMS for Victim Assistance applicants available on the ACJC website under VICTIM SERVICES/Computer

Definitions

"Crime" means conduct, completed or preparatory, committed in this state, which constitutes a crime as defined by the laws of this state whether or not the perpetrator of the act is convicted. "Crime" is not an act arising out of the ownership, maintenance, or operation of a motor vehicle, aircraft, or water vehicle except when a person acts intentionally, knowingly, recklessly, or with criminal negligence, to cause physical injury, threat of physical injury, or death.

"Criminal justice support/advocacy" refers to law enforcement and prosecution investigation support, assistance during investigation, and explanation of procedures, etc. Included in this definition are court related support, i.e., court orientation, court escort, victim impact reports, assistance with restitution, witness fees, intimidation intervention or protection services, transportation, child care, property return, etc. and post-sentencing services following the disposition of a criminal court proceeding.

"Crisis counseling" refers to in-person crisis intervention, emotional support, guidance, and counseling on an individual basis provided by counselors, mental health professionals or peers. Such counseling may occur at the scene of the crime, immediately after the crime, at the first in-person contact between a counselor and victim (this would include meeting the victim in an emergency room, at a police station, at a county attorney's office, etc.), during in-person contact for the duration of the crisis experience, and in the case of survivors of homicide victims or survivors of DUI/DWI victims, counseling may occur months after the victimization.

"Crisis hotline" refers to the operation of a 24-hour telephone service, 7 days a week, which provides counseling and information and referral to victims and survivors.

"Emergency financial assistance" refers to providing petty cash for meeting immediate needs related to transportation, food, shelter, and other necessities and such measures as temporary repair of locks and windows to prevent immediate re-victimization.

"Emergency legal advocacy" refers to filing temporary restraining orders, injunctions, and other protective orders, elder abuse petitions and child abuse petitions, but does not include criminal prosecution or the employment of private attorneys for non-emergency situations.

"Follow-up contact" refers to individual emotional support, empathetic listening, and guidance for other than crisis reactions after the victimization.

"Group treatment" refers to the coordination and provision of supportive group activities. This category includes self-help, peer social support, drop-in groups, and community crisis intervention in a group setting.

"Immediate family" for the purpose of the Crime Victim Assistance Program means spouse, child, stepchild, parent, stepparent, sibling, stepbrother, stepsister, grandparent, grandchild, or guardian of the victim.

"Information and referral" refers to telephone and in-person contacts with the victim and identifying services offered and support available by sub-grant projects and other community agencies.

"In-kind contribution" means the value of something received or provided that does not have a monetary cost associated with it.

"Notification services" refers to case appearance notification, case status, and disposition information, including offender release notification at the probation, parole, community supervision, and clemency stages of the criminal justice system, etc.

"Other" refers to any services not listed that are offered to crime victims by the program.

"Personal advocacy" refers to assisting victims in securing rights and services from other agencies, i.e., intervention with employers, creditors, assistance in filing for losses covered by public and private programs including, but not limited to, Workers' Compensation, unemployment benefits, welfare, and Medicare, and other general information on rights and remedies available to victims.

"Shelter/Safehouse" refers to offering short-term and/or long-term housing and related support services to victims and members of their family following victimization.

"Therapy" refers to intensive professional psychological/psychiatric treatment for individuals, couples, and family members. This includes the evaluation of mental health needs, as well as the actual delivery of psychotherapy.

"Victim" for the purpose of the Crime Victim Assistance Program means any natural person against whom any crime is perpetrated and includes the immediate family.

"Victim Compensation claims assistance" includes making victims aware of the availability of Crime Victim Compensation, assisting the victim in completing the required forms, and in gathering the needed documentation. It may also include follow-up contact with the Victim Compensation agency on behalf of the victim.